PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice;

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/815,262			ing Date 31/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED NO	N/A		N/A	FEL (a)	ł	N/A	FEE (#)
뉴	(37 CFR 1.16(a), (b),	or (c))							l	<u> </u>	
岸	SEARCH FEE (37 CFR 1.16(k), (i), (		N/A		N/A		N/A			N/A	
	(37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
(37	TAL CLAIMS CFR 1.16(i))		57 minus 20 = *		•		x \$ =		OR	x s =	
	DEPENDENT CLAIM CFR 1.16(h))		3 minus 3 = *			]	x \$ =		]	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 t	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		IJ			1		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL	
	APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY			
TN	09/23/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.18(i))	• 57	Minus	<b></b> 69	-	1	x \$ =		OR	x s =	7
	Independent (37 CFR 1.16(h))	• 3	Minus	4	=	1	x \$ =		OR	x s =	
ğ	Application Size Fee (37 CFR 1.16(s))										
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
_		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,16(i))		Minus		=	П	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x \$ =	
ä	Application Size Fee (37 CFR 1.16(s))					1			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If th											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS